

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015978

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2241

STATE FILE NUMBER

VS 300
Rev. 4/59

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281-50-2

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF DON CARLOS FEETE MEDICAL CERTIFICATION

FILED APR 29 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson

c. CITY OR TOWN Holliday

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
none

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
MAUDE BLANCHE CORNWELL

4. DATE OF DEATH Month Day Year
April 14 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-6-1887

9. AGE (last birthday) 75

IF UNDER 1 YEAR Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Holliday, Kansas

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME

John Michael Haney

13b. MOTHER'S MAIDEN NAME

Mary Daniel

14. NAME OF HUSBAND, DECEASED

Frank Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)
no

16. SOCIAL SECURITY NO. 34

17. INFORMANT Address
Frank Cornwell Holliday, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho-Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (a)

Cerebral Thrombosis

6 wks

DUE TO (c)

Cerebral Arterio-Sclerosis

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

myelogenous Leukemia in remission

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION.

COUNTY

STATE

21. I attended the deceased from 8-28-52 to 4-14-63 and last saw her live on 4-13-63
Death occurred at 2:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Don Carlos Feete MD

22b. ADDRESS

1500 Prof. V309

22c. DATE SIGNED

4-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-15-63

23c. NAME OF CEMETERY OR CREMATORY

Monticello Cemetery

23d. LOCATION (City, town, or county)

DeSoto, Ex RR #1

(State)

Kansas

24. FUNERAL DIRECTOR

Alden Harrington & Sons

ADDRESS

Bonner Springs, Kansas

25. DATE RECD. BY LOCAL REG.

4-15-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Howard Harrington, Student Embalmer No. 682

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.